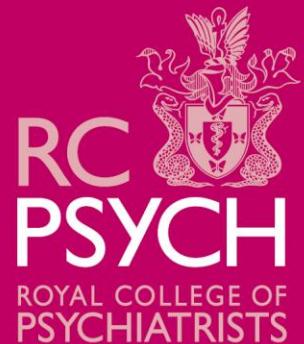


**PERINATAL**  
QUALITY NETWORK FOR PERINATAL  
MENTAL HEALTH SERVICES



# Inpatient Cycle 12 Annual Report

Perinatal Quality Network

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## FOREWORD – MARGARET OATES

After two years of perinatal clinicians developing standards, the College Centre for Quality Improvement (CCQI) Perinatal Quality Network (PQN) formally launched in 2007.

There are now 21 mother and baby units in the United Kingdom. All are members of the PQN and work to comply with our standards in delivering care to their patients and families.

The eight domains have not changed over this time but many of the standards have. Every two years, the standards are reviewed and updated in the light of new evidence, new best practice, and changes in the delivery of the mental health and maternity services. In addition, the CCQI has developed core standards for all of its quality networks, of which there are currently over 20, to ensure consistency of care across the various mental health specialisms.

Over time, particularly the last five years, there have been major changes in standards relating to skill mix and staffing numbers, and the therapies and interventions required. There has also been an increasing expectation of the involvement of patients, fathers and significant others in their care and the information and support they receive.

Over the last 13 years, there has undoubtedly been a rapid and sustained improvement in the quality of mother and baby units and the virtual elimination of unwarranted variations in the standards of care.

However, because of the biennial changes to the standards, inherent in the CCQI process, and probably the increased rigour of peer appraisal and accreditation visits, it is not always possible always to make meaningful comparisons between cycles.

Nonetheless, trends emerge and issues, particularly in relation to staffing, remain and, at times, appear to get worse. Information is not necessarily knowledge and the reasons for persistent issues and marked outliers perhaps need further investigation.

Difficulties recruiting staff remain an issue and appear to vary across the country. In some areas, recruiting qualified nursing staff is a problem; in others, clinical psychologists and occupational therapists. Some units are finding it difficult to achieve 24-hour cover for nursery nurses and very few units have the dedicated services of a social worker.

Although there already has been a great improvement, more work needs to be done to ensure that patients are involved in planning their care and that the partners and significant others receive the information and support that they need.

We have come a very long way and done an amazing amount of work in improving our services, the access to them, the numbers of patients we treat and the quality of care they receive, but quality assurance and improvement is a continuous process, and so the work goes on.

The work of the PQN has also increased particularly over the last five years with an increase of MBUs and the development of perinatal community teams. A special thank you is due to the PQN project staff who work tirelessly and with good humour to keep all informed, maintain the accreditation process and a myriad of other activities. It is a credit to them, as well as to us, that the PQN and its standards are held in such high regard by the NHS throughout the United Kingdom.

**Dr Margaret Oates**

**Consultant Perinatal Psychiatrist  
Chair of the PQN Advisory Group and Accreditation Committee**

# INTRODUCTION

## The Perinatal Quality Network (PQN)

- Develops and applies service standards for inpatient and community perinatal mental health services through a system of self-review and external peer reviews
- Supports local implementation of best practice and national policy, as identified in the PQN standards
- Produces reports for participating services that highlight areas of achievement and areas for improvement
- Provides a national “benchmarking” service to allow services to compare their activity with other services
- Facilitates information-sharing about best practice between staff in the network

## THE REVIEW PROCESS

The real benefit for member services is in taking part in the PQN review process. The reviews aim to improve services incrementally by applying standards and using the principles of the clinical audit cycle (see Figure 1 below).

**Figure 1: The Annual Review Cycle**



Each year, the standards are applied through a process of self-review and external peer review where members visit each other's services. The self-review questionnaire is essentially a checklist of PQN standards against which teams rate themselves, supplemented with more exploratory items to encourage discussion around achievements and ideas for improvement. The self-review process helps staff to prepare for the external peer review and become familiar with the standards.

During the peer review, data is collected through interviews with perinatal staff, women accessing the service, and their partners and family members. Representatives from local agencies (other health services, social services and the voluntary sector) are also invited to take part in a discussion about multi-agency working.

The results are fed back in local and national reports. Services then take action to address any developmental needs that have been identified. The process is ongoing rather than a single iteration.

### **How PQN members can use this report:**

*How well are we doing overall in comparison with other teams in the network?*

Your team's local report provides you with a summary of the number of criteria met, partly met and not met, which then yields an average score for each individual standard. These averages enabled us to obtain a measure of your team's overall performance for each section of the service standards. Average scores for teams involved in Cycle 12 are detailed in this report so you can immediately see how well you are doing compared with the other teams in the network. You can also compare your team's activity, resources and outcomes with those of the network as a whole. We recommend that you use this report in conjunction with your local report(s) to inform discussions with your commissioners and to demonstrate your team's performance.

The project team gratefully acknowledges:

- The staff in member teams who organised, attended and hosted peer reviews
- The women, partners and family members who met with the review team and took part in the PQN review process
- Professionals from partner agencies who participated in the multi-agency discussions during peer reviews
- The PQN Advisory Group for their continuing support and advice

### **Types of Standards:**

Throughout the report standards are referred to as type 1, 2 or 3. Please find below a definition of the types of standards.

<b>Standard Type</b>	<b>Definition</b>
<b>1</b>	Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law
<b>2</b>	Standards that an accredited service would be expected to meet
<b>3</b>	Standards that an excellent service should meet or standards that are not the direct responsibility of the team

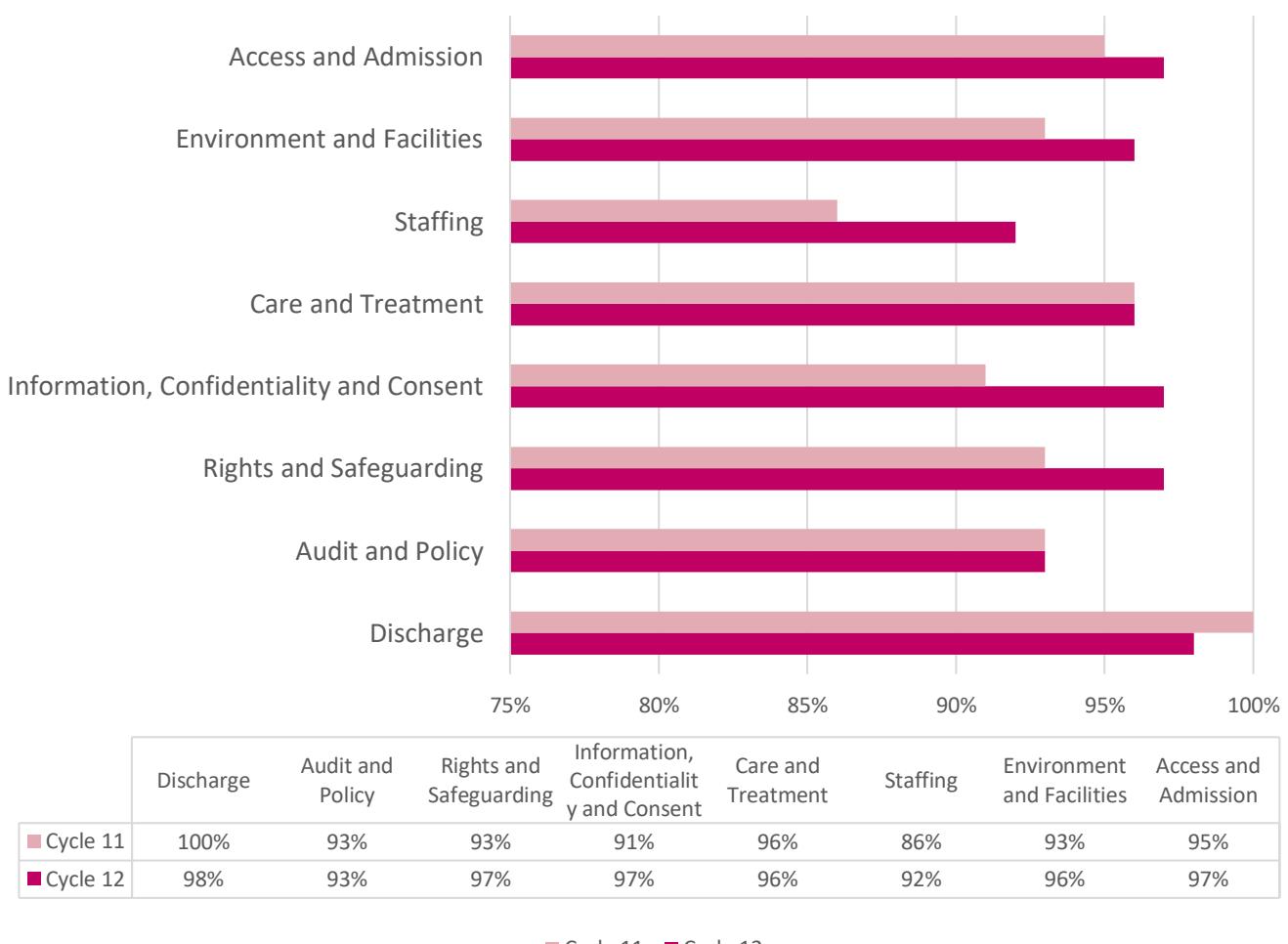
## CYCLE 12 (2019)

This national report contains the aggregated results of the reviews undertaken by 15 mother and baby units during Cycle 12 (March - July 2019). The main body of the report highlights key achievements and areas for improvement in each section across services (a combination of most/least met standards, and any significant changes in performance over time) and also provides graphs showing the mean scores met across the different types of standard.

Finally, a full summary detailing the average scores for each criterion for all teams in the Cycle 12 is included (see Appendix A). This enables teams to benchmark themselves against other teams in the network. Indicators of teams' activity and staffing can be found on page 39.

### Overall view

The graph below outlines the overall percentage met for each section of the MBU standards for all units who took part in Cycle 12, compared to the same data from Cycle 11. Please be advised that, while 15 units were reviewed in Cycle 12, only seven received visits in the previous cycle, and so results should be interpreted cautiously.



Of the services that were reviewed, five participated in the accreditation process in Cycle 12. The data in this report describes the performance of units against the standards at the point of the peer review visit. Some services provided extra evidence after their review for the consideration of the Accreditation Committee. For a list of accredited services please visit our website: (<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/perinatal-community-teams/contact-us>).

One of the visits was the host team's first peer review, with two new mother and baby units opening as a result of the Wave 2 funding. Cycle 13, due to take place between March and April 2020, will see further growth with 10 accreditation visits and five peer reviews anticipated to take place.

### **Involving patients and significant others**

As part of the peer-review and accreditation process, the Perinatal Quality Network conducts semi-structured interviews with members of frontline staff, patients, and significant others. This year saw an increase in the number of interviews that took place, with:

- 79 frontline staff members
- 46 patients
- 29 significant others

The feedback given by all spoken to as part of the review days is always felt to be very valuable for staff and management when thinking about the structure of teams and the way that care is provided. For teams that were unable to involve patients and significant others in the review days, the project team would like to remind services that phone interviews are a way to engage with groups in harder to reach areas.

### **The PQN Standards**

The sixth edition of the standards, against which the performance in Cycle 12 was assessed, can be found in appendix 1.

The seventh edition of standards for mother and baby units was published in October 2019 and is available online. The standards were revised by a group of clinicians and patient representatives representing members of the network via a thorough consultation process. The revision process takes places every two years and all members are welcome to contribute, whether in person at our workshop or through emailed feedback. The latest editions of the PQN standards can be found via the following link:

<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/perinatal-community-teams/standards-and-publications>

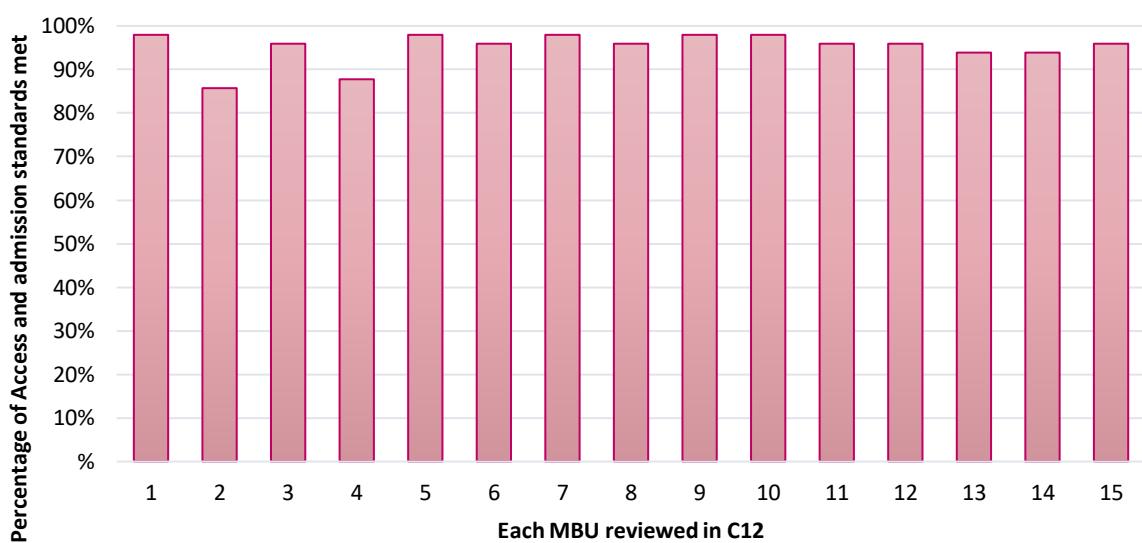


## ACCESS AND ADMISSION

### Key findings for the Access and Admission domain:

Measure	Count/Percentage
Number of criteria	48
Average percentage of criteria met in Cycle 11	95%
Average percentage of criteria met in Cycle 12	97%
Range of percentages met in Access and Domain in Cycle 12	Min 88%, Max 100%

### Access and Admission Standards met by MBUs in C12



### Areas of achievement:

- The average percentage of access and criteria standards met by MBUs increased from 95% in C11 to 97% in C12.
- 100% of MBUs admitted mothers with serious mental illness from 32 weeks of pregnancy (1.1.1, type1) and admitted mothers with a high risk of recurrence of serious mental illness in early days after delivery (1.1.2, type 1).
- With the 15 MBUs reviewed, 100% were assessing patients' risk to themselves, the baby and others (1.6.1a, type 1), seeing an improvement from 86% of MBUs previously meeting the standard in C11.

### **Areas of improvement:**

- Admissions for mother and baby parenting assessments to be only undertaken in the known or suspected presence of significant/complex mental illness (1.1.7, type 2) was the least met standard in this domain, with only 60% of services demonstrating compliance.
- 20% of MBUs did not have a named Child and Adolescent Mental Health Services (CAMHS) clinician who was available for consultation and advice (1.1.8c, type 1), further declining from 16% of MBUs in C11.

### **Areas of Achievement**

#### **Feedback from women and significant others**

"I felt safe and cared for, and it helped to have my own room with my own space. It was a home away from home."

"The thing that helped me settle in the most was feeling safe and listened to."

"Any personal, cultural or religious needs can be met, and the food is very culturally sensitive."

"My partner has had access to an interpreter on the unit."

### **Areas for Improvement**

#### **Feedback from women and significant others**

"I felt like other women were given more support to settle in – staff didn't go through the welcome pack with me."

"When first settling into the unit, the agency staff were quite difficult."

"When a mother first comes to the ward it is difficult for the whole family, and having too many people in the MDT meeting makes things more uncomfortable. There were 14 in the first meeting, which was overwhelming."

### **Recommendations:**

- When there are referrals for mother and baby parenting assessments, ensure that patient notes are screened to see if there is also a suspected significant/complex mental illness. If this is unclear, consider requesting further information from the referring party before a mother is admitted to the unit.

- If there is no named CAMHS clinician that the team could go to for consultation and advice, consider inviting local CAMHS teams to patient review meetings (where appropriate) and offer training on perinatal mental health to improve their understanding of the service. Clearly document when this relationship has been established, and make staff aware of any key points of contact in team meetings.
- For newly admitted mothers, permanent staff members should help them settle in and go through the welcome pack with them at an appropriate time to ensure they have an opportunity to ask questions about its content.

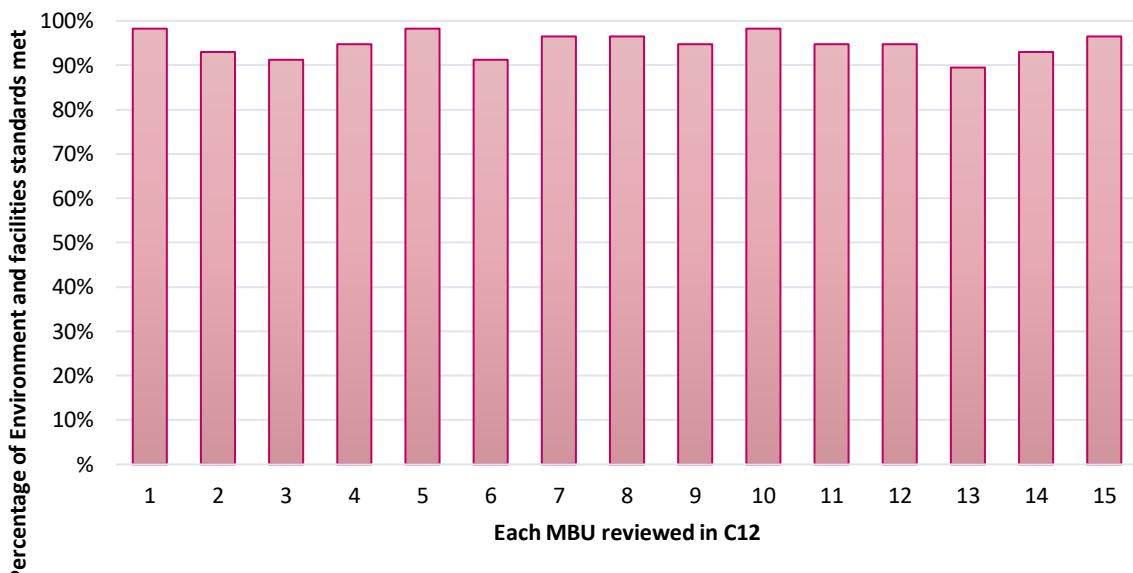


## ENVIRONMENT AND FACILITIES

### Key findings for the Environment and Facilities domain:

Measure	Count/Percentage
Number of criteria	56
Average percentage of criteria met in cycle 11	93%
Average percentage of criteria met in cycle 12	96%
Range of percentages met in environment and facilities in cycle 12	Min 91%, Max 100%

### Environment and Facilities standards met by MBUs in C12



### Areas of achievement:

- Twenty-nine out of the 37 type 1 standards in this domain were met by all 15 units.
- Three units were meeting 100% of the standards in this domain, with the lowest score for an MBU being 91%.
- 100% of units supported their patients to access materials and facilities associated with their cultural or spiritual practices e.g. a multi-faith room (2.3.11, type 1), which improved from 71% of units in C11.

- All units were deemed to be respectful of mothers' rights, privacy and dignity (2.3, type 1), which improved from 86% of MBUs meeting the standard in C11.

#### **Areas for improvement:**

- Only eight out of 15 units (53%) had en-suite bathrooms for every patient (2.3.4, type 3), making it the least met standard in this domain.
- In one in five units (20%), staff members and patients could not control the heating, ventilation or light (2.1.11, type 2).
- In three out of 15 units, a collective response to alarm calls and fire drills was not agreed by the team and rehearsed at least annually (2.5.2, type 1).

#### **Areas of Achievement**

##### **Feedback from women and significant others**

"The environment definitely meets the needs of our babies – there's a lot here for stimulation and comfort, as well as changing rooms"

"We have enough access to outdoor space and it feels safe, we enjoy it"

"I think there is good access to quiet space as we have our own rooms as well as the 'quiet lounge' to go to"

"There is a private room on the unit for us to speak with staff."

"We can use the nursery, lounge, or kitchen for visits."

#### **Areas for Improvement**

##### **Feedback from women and significant others**

"There are not many toys for children of different ages who visit."

"The unit environment is all a bit dull and dated."

"We sometimes feel like we can't use the lounge if another mum has visitors."

"Partners are not allowed in the communal areas, so there is not really enough space for visits."

#### **Recommendations:**

- If staff and patients are not able to control the heating, ventilation and light in the unit, support should be sought from the Trust to allow for changes to be made to the unit. Options such as fitting in a thermostat, heaters, fans, air conditioning, and light switches could be explored.

- Ensure that a collective response to fires and fire drills is clearly written and shared with all new staff upon their induction. A date for a rehearsed fire drill should be arranged and set annually and, if co-located with other services, they should be informed of when these rehearsals will take place.
- Ensure that there is a good range of toys available on the unit, suitable for infants as well as older children that may visit the ward.

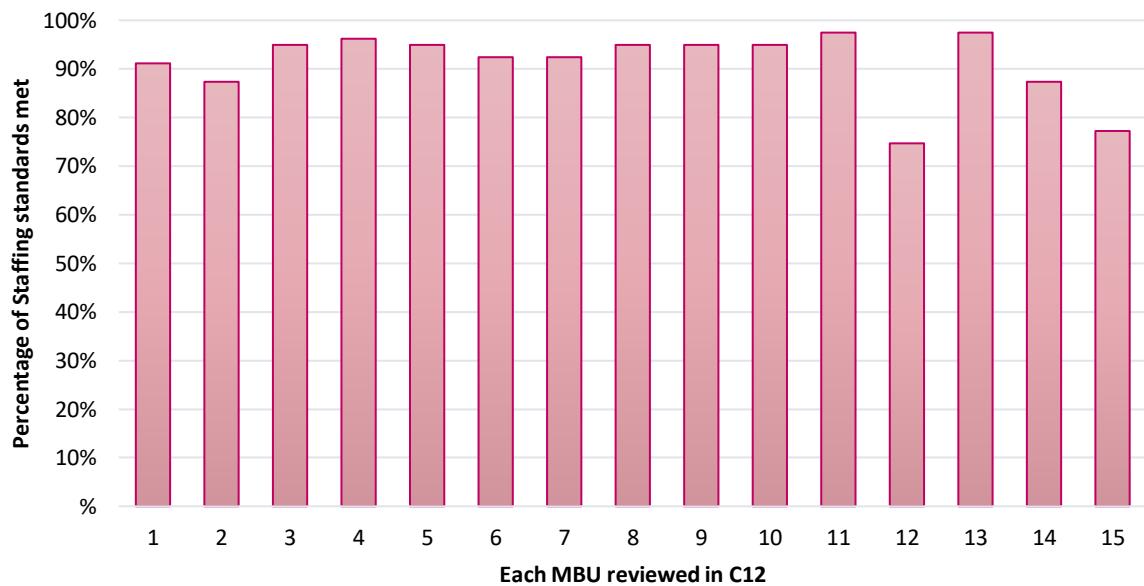


## STAFFING

### Key findings for the staffing domain:

Measure	Count/Percentage
Number of criteria	78
Average percentage of criteria met in cycle 11	86%
Average percentage of criteria met in cycle 12	92%
Range of percentages met in Staffing in cycle 12	78% - 99%

### Staffing Standards met by MBUs in C12



### Areas of achievement:

- There was a huge improvement with 87% of MBUs having at least one nursery nurse covering day duty including early and late shifts (3.2.3, type 2), compared to just 29% of MBUs meeting the standard in C11.
- All units ensured that staff received training consistent with their role which was recorded in their development plans and refreshed in line with local guidelines (3.5.7, type 1).
- In C11, 71% of units met the standard for 0.5 WTE clinical psychology provision for a six-bedded unit, or provided evidence of formal representations to achieve this by 2020 (3.3.5, type 1). This increased to 80% of units meeting the standard in C12.

## **Areas for improvement:**

- This domain had, on average, the lowest percentage of standards met compared to the seven other PQN domains within the standards.
- Only four out of 15 units (27%) had at least 0.5 WTE social work input for six beds (3.3.7, type 2), making it the least met standard in the entire C12 review cycle.
- 27% of units were not meeting the type 1 standard for a typical unit of six beds to have at least 0.5 WTE Occupational Therapist, or evidence of formal representations to achieve this by 2020 (3.3.5).
- Staff at 27% of units were not receiving individual clinical monthly supervision (3.6.1, type 1).
- Fewer than half of the units had a specialist nursery nurse covering the unit for 24 hours a day (3.2.3, type 2), which is particularly notable as the standard has now been upgraded to type 1 in the newly-published seventh edition of the PQN Inpatient Standards (to be used in C13 and C14).

## **Areas of Achievement**

### **Feedback from women and significant others**

"The staff are caring and empathetic. They are always enthusiastic, smiling and playful with the children"

"I find the team dedicated, conscientious and incredibly supportive"

"I am confident that if we need to access other help from elsewhere, this can be organised by the team."

"I trust everyone on the unit, they have made both myself and my partner feel calm"

## **Areas for Improvement**

### **Feedback from women and significant others**

"I had an incident where I was in isolation and I was treated terribly which made me go back downhill. I was separated from my baby and nobody asked if I was okay"

"There are quite a lot of bank/agency staff in the night and day, and I have had some issues with this"

"There is sometimes inconsistent information from staff, e.g. if early meetings are allowed, or contradictory advice is given"

### **Recommendations:**

- If there is less than 0.5 WTE Occupational Therapist (OT) input (for a six-bedded unit), seek support from the Trust to increase the provision. Having extra input may allow for the therapeutic timetable to be enriched with specialist OT interventions, which is hugely valuable for the mothers. Teams are reminded that PQN reports can be used as a valuable lever to secure additional resources if likely to impact accreditation status.
- Staff should always be offered individual clinical monthly supervision, even if it is a shorter meeting (30 - 45 minutes). Supervision time could be condensed and more focused if staff complete a supervision template document beforehand to highlight issues that they wish to discuss in the meeting.
- Always try to limit the use of bank or agency staff but, if unavoidable, aim to use a small pool of regular staff who are familiar with the service. Include all staff in team meetings, debriefs and important communications where possible to promote continuity of care.

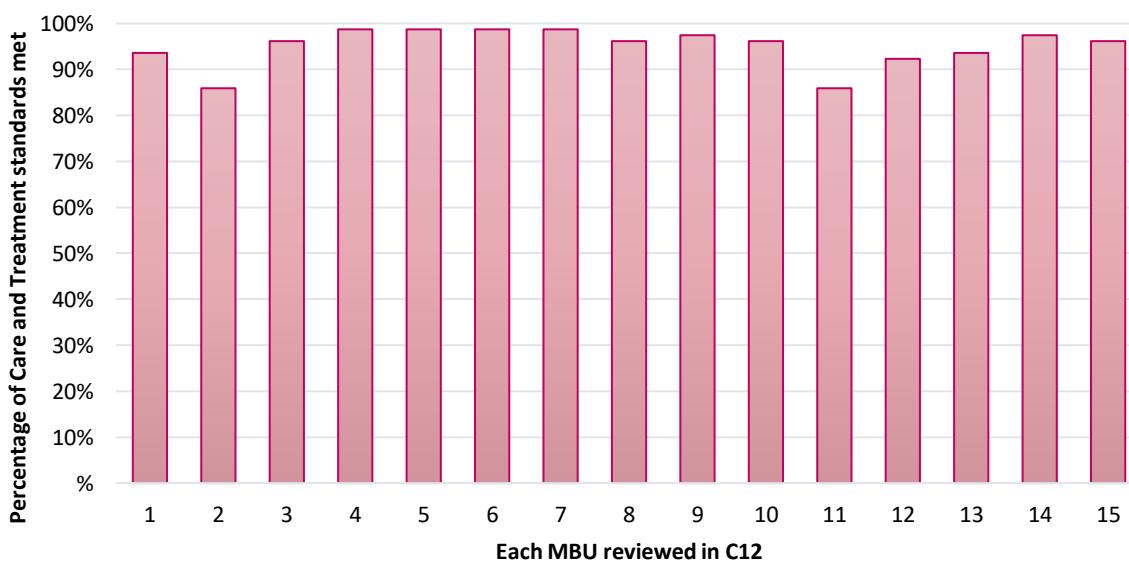


## CARE AND TREATMENT

### Key findings for the Care and Treatment domain:

Measure	Count/Percentage
Number of criteria	77
Average percentage of criteria met in cycle 11	96%
Average percentage of criteria met in cycle 12	96%
Range of percentages met in care and treatment in cycle 12	87% - 100%

### Care and Treatment Standards met by MBUs in C12



### Areas of achievement:

- All MBUs said they supported their patients before (to prepare), during (to understand) and after (to feedback outcomes) any formal review of their care (4.3.4, type 1). This was an improvement from 86% of MBUs doing so in C11.
- All MBUs said they ensured babies received appropriate care and support (4.9, type 1) and care planning for babies took national guidelines on infant care into consideration (4.9.3, type 1).
- All MBUs said that Patients (and their partners, with patient consent and where possible) are helped to understand the purpose, expected outcomes, interactions, limitations and side effects of their medications to enable them to make informed choices (4.8.4i, type 1). Patients were also given

information about the use of medication in pregnancy and breastfeeding and risks were discussed (4.8.2, type 1).

### **Areas for improvement:**

- One of the least met standards in this domain for both C12 and C11, was that the GP and health visitor were informed of all periods of overnight leave (4.9.12, type 1). However, this standard has now been revised for the latest edition of PQN Inpatient standards, which states that only health visitors will need to be informed of overnight leave.
- 27% of units (four out of 15) did not provide a carer support network or group, or signpost carers to an existing network where appropriate (4.7.5, type 2).
- 27% of units did not offer partners/significant others access to any of the following: written/video narratives of experience and recovery of perinatal patients; meeting patient representatives (e.g. service/family days, charities).

### **Areas of Achievement**

#### **Feedback from women and significant others**

"I have been able to discuss my medication and in relation to breastfeeding."

"We feel there are enough therapeutic activities available on the unit and staff ask for our opinions on what we would like to do"

"The unit made a world of difference. They saved me and my baby."

"I have had the opportunity to be involved in decisions about my partner's and baby's care." have made both myself and my partner feel calm"

### **Areas for Improvement**

#### **Feedback from women and significant others**

"We are not aware of having care plans"

"I have been involved in developing the care plan for my baby, but it was due for review, and this has been missed twice"

"I have struggled to find something akin to my usual fast pace of life at home – e.g. mindful colouring is very slow."

"I do not have the opportunity to meet with my consultant doctor every week, outside of ward round"

"I feel in the dark about my partner's treatment - I am given limited information despite visiting the unit"

### **Recommendations:**

- Every time overnight leave is agreed, health visitors should be informed. If this is not happening consistently, conduct an audit to investigate when and how often there are gaps in practice.
- If there are no support groups for parents or carers run by the service, research existing groups in the local area and set up meetings to discuss what the groups offer and if there is written information that can be shared. Staff should be kept informed of these local groups and information should be passed onto families at an appropriate time around the point of the patient's admission to the unit.
- Ensure that every patient has a clear, written care plan and that they are regularly invited to review and develop it.
- Invite mothers who are nearing the point of discharge (or who have already been discharged) to share their personal narratives in a form that they feel comfortable with (e.g. written, video, artwork, poetry) which can be displayed on the unit or the service website.
- Arrange service/family days to be held at least annually (e.g. tea parties, summer parties, Christmas dinners) where both current and previous patients and their families are invited along for a fun, informal event.

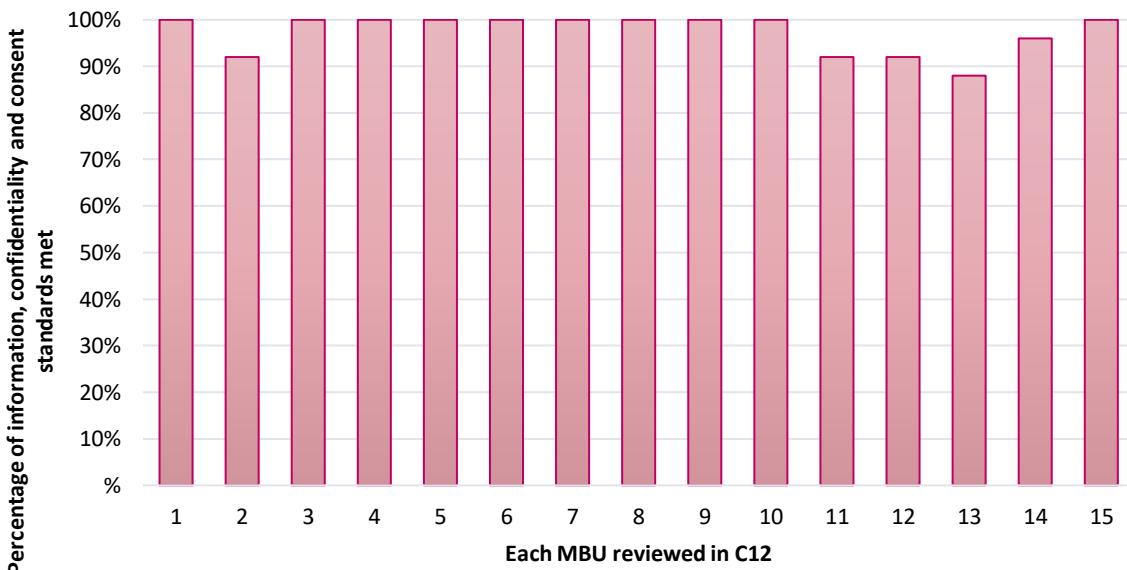
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## INFORMATION, CONFIDENTIALITY AND CONSENT

### Key findings for the Information, Confidentiality and Consent domain:

Measure	Count/Percentage
Number of criteria	25
Average percentage of criteria met in cycle 11	91%
Average percentage of criteria met in cycle 12	97%
Range of percentages met in Information, Confidentiality and Consent in cycle 12	88% - 100%

### Information, Confidentiality and Consent Standards met by MBUs in C12



### Areas of achievement:

- Confidentiality and its limitations were explained to the patient and significant other/family member on admission, both verbally and in writing (5.3.1, type 1) for all 15 MBUs, an improvement from 71% of MBUs meeting the standard in C11.
- All MBUs had systems in place to ensure that the unit took account of any advance directives that patients have made (5.3.6, type 1).
- All except one MU (93%) provided accessible and easy to understand information on the unit code of conduct (5.1.3e, type 1), an increase from 71% of units in C11.

## **Areas for improvement:**

- Previously, in C11, all units offered patients and their significant other/family members written and verbal information about the patients' mental illness (5.1.7, type 1), but this decreased to 87% of units in C12.
- While 87% of MBUs allowed for patients to visit the unit before they agreed to admission (with the exception of emergency admissions) (5.2.1, type 2), two units did not.

### **Areas of Achievement**

#### **Feedback from women and significant others**

"I feel like I've been given enough information on my condition and treatment"

"We were given a welcome pack on admission"

"Staff have given me translated copies of documents which was great."

"There is a handbook in each room that has everything explained, and posters are up on the wall."

### **Areas for Improvement**

#### **Feedback from women and significant others**

"I haven't been given any written information about confidentiality and its limitations."

"I wasn't told anything about the unit prior to admission, I had to google it myself. To feel more prepared, I would have liked to have known how things worked at the ward, what happens here weekly, food provided, and information about leave"

"There was no induction - it would have been useful to sit down with someone and have things explained."

## **Recommendations:**

- Offer all patients and their significant others written information about the patient's mental illness. Information leaflets on various mental illnesses should be on display in the unit and, in initial meetings where the illness is discussed, these leaflets should be offered. The team may also make note of when this information is discussed/offered, so they are aware of who has not yet received it.

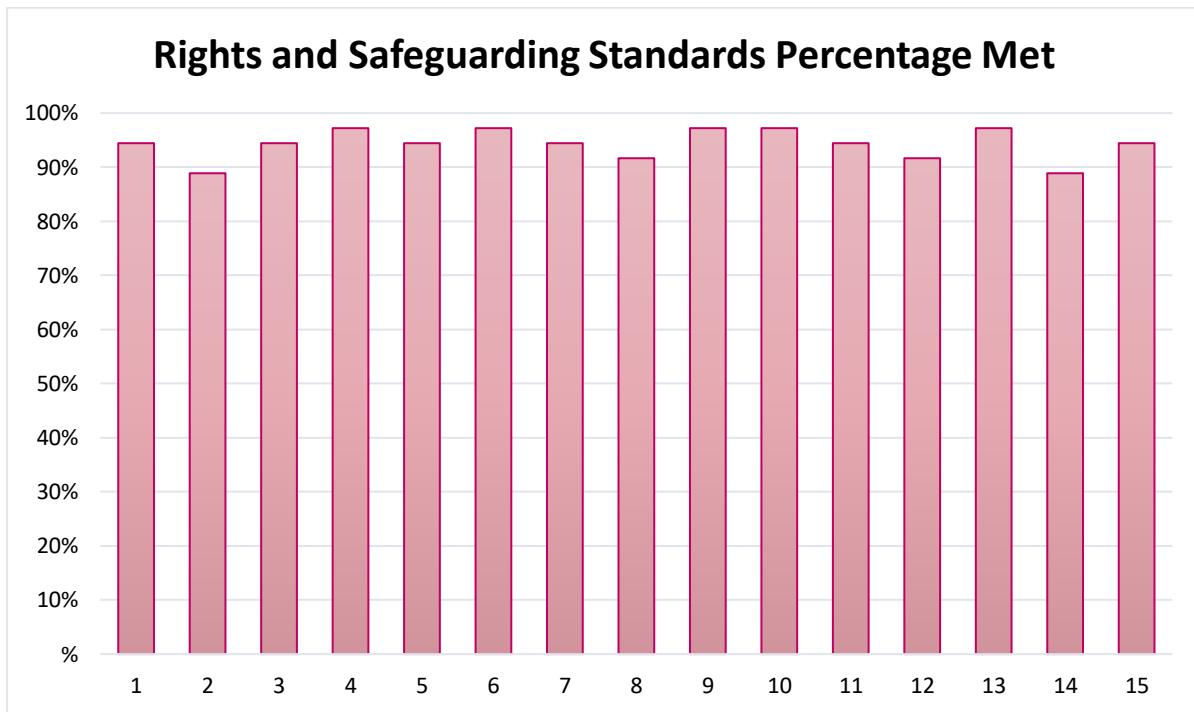
- Provide information leaflets that referrers can share with patients, which could also state that mothers are allowed to arrange to visit the unit before agreeing to admission.



## RIGHTS AND SAFEGUARDING

### Key findings for the Rights and Safeguarding domain:

Measure	Count/Percentage
Number of criteria	35
Average percentage of criteria met in cycle 11	93%
Average percentage of criteria met in cycle 12	97%
Range of percentages met in Rights and Safeguarding in cycle 12	91% - 100%



### Areas of achievement:

- Out of the 30 type 1 standards in this domain, 24 were met by all 15 services.
- In 100% of MBUs, patients were given information on how to access advocacy services (6.2.3b, type 1), improving from 71% of MBUs meeting the standard in C11.
- All except one unit provided patients with information on their rights regarding consent to care and treatment (6.2.3a, type 1).

### **Areas for improvement:**

- The most uncommonly met standard in this domain was 6.2.9 (type 3), whereby only 53% of MBUs had a designated equalities champion.
- In C11, 86% of MBUs enabled patients and the team to obtain a second opinion if there was doubt, uncertainty or disagreement about the diagnosis or treatment (6.3.2, type 1), though 100% of services met the standard in C12.
- All except one MBU reviewed said patient health records included a note of who has parental rights and responsibility (6.6.3, type 1), whereas in C11 all services were meeting this standard.

### **Areas of Achievement**

#### **Feedback from women and significant others**

"Staff have explained what our rights are."

"We know how to make complaints and think complaints would be taken seriously"

### **Areas for Improvement**

#### **Feedback from women and significant others**

"I have complained verbally to several staff members and I have not had any feedback, so I don't feel complaints are taken seriously"

"I don't know how to make a formal complaint"

### **Recommendations:**

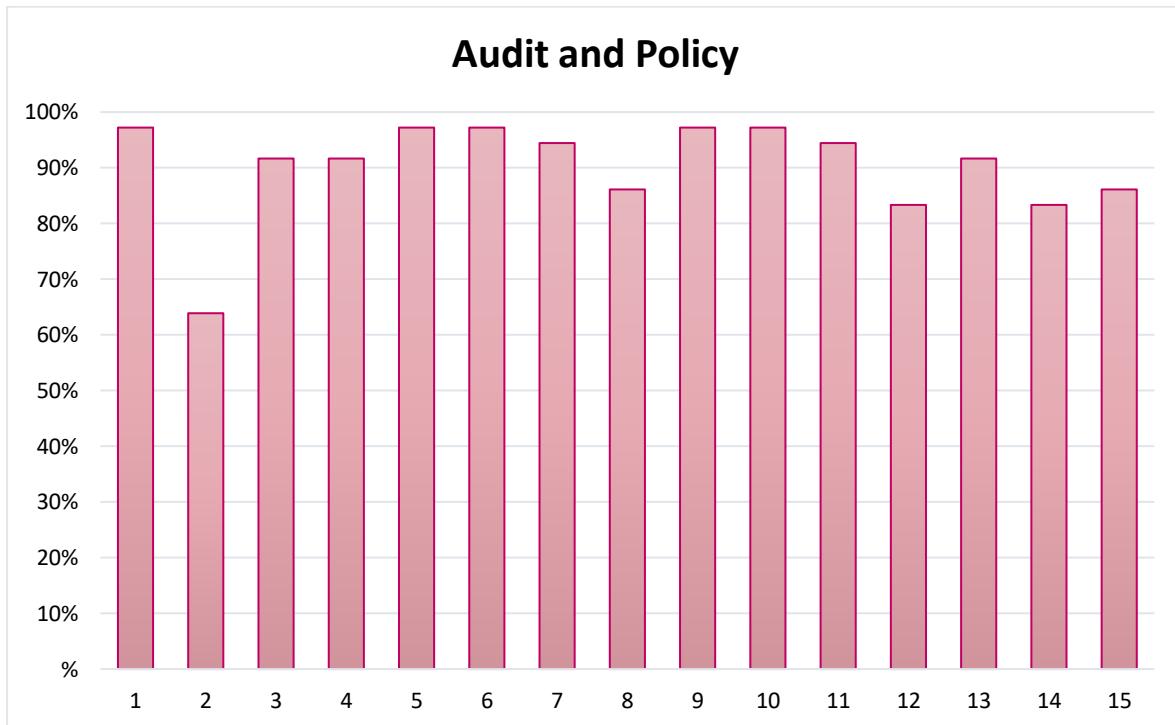
- Provide a welcome pack to patients upon admission or as soon as is appropriate, which they are encouraged to look through, and includes clear written information on their rights regarding consent to care and treatment.
- Always ensure that in the initial meeting with the patient, it is clarified who has parental rights and responsibility for the baby. This should be made note of in the patient health records.
- When a formal complaint is made by a patient, this should be escalated and the outcome of the complaint should be clearly communicated to the patient, in writing.



## AUDIT AND POLICY

### Key findings for the Audit and Policy domain:

Measure	Count/Percentage
Number of criteria	35
Average percentage of criteria met in cycle 11	93%
Average percentage of criteria met in cycle 12	93%
Range of percentages met in Audit and Policy in cycle 12	66% - 100%



### Areas of achievement:

- All 15 units had a comprehensive range of policies and procedures which consider the special needs of women, babies and families (7.3, type 1).
- Staff in all units followed inter-agency protocols for the safeguarding of vulnerable adults and children (7.3.14, type 1), an improvement from 86% of units meeting the standard in C11.
- In 100% of MBUs, managers ensured that policies, procedures and guidelines were formatted, disseminated and stored in ways that the team found accessible and easy to use (7.3.18, type 2).

### **Areas for improvement:**

- 20% of units did not audit the safe use of high risk medication at least annually, and at a service level (7.2.3, type 1).
- Two units did not follow an agreed protocol with local police, to have ensured effective liaison on incidents of criminal activity, harassment or violence (7.3.13, type 1).
- 27% of units did not involve the team, patients and carers in identifying priority audit topics, in line with national and local priorities and patient feedback (7.2.2, type 3).
- 27% of units did not hold meetings with all stakeholders to consider various topics such as service developments and issues of concern, at least annually (7.3.15, type 3).

### **Recommendations:**

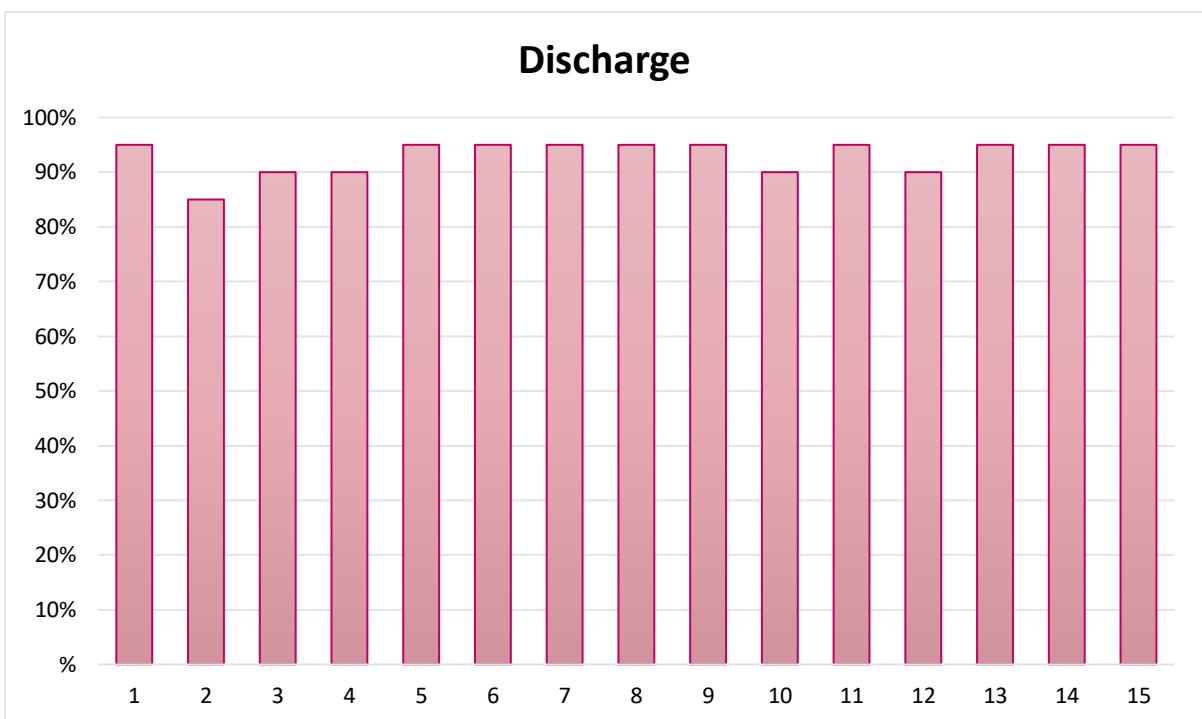
- Teams should put clear plans in place and set deadlines by which an audit on the safe use of high risk medication should be completed on at least an annual basis. To enable this audit to take place, the use of high risk medication will need to be clearly noted and kept in a way that is easy to find and access.
- Where there is no Trust/organisation protocol for liaison with police where there is criminal activity, the team should ask the Trust for this to be developed. Otherwise, the team should liaise with police to develop an agreed protocol together.
- Hold community meetings where staff, patients and their significant others are invited, and encourage idea sharing around potential audit topics for the team. Look through key points highlighted in patient feedback questionnaires and aim to conduct audits in relation to them, wherever possible.



## DISCHARGE

### Key findings:

Measure	Count/Percentage
Number of criteria	19
Average percentage of criteria met in cycle 11	100%
Average percentage of criteria met in cycle 12	98%
Range of percentages met in discharge in cycle 12	89% - 100%



### Areas of achievement:

- For both C12 and C11, MBUs scored most highly in this domain in comparison to the seven other standards domains.
- Nine out of 15 MBUs met 100% of discharge standards, and the average percentage met in this area was 98%.
- In all MBUs, patients' discharge plans include information on crisis and contingency arrangements including details of who to contact (8.1.4b, type 1), their medication (8.1.4b, type 1) and details of when, where and who will follow up with them (8.1.4d, type 1).
- All MBUs contacted relevant agencies to notify them of the patient's discharge (8.1.7c, type 1).

### **Areas for improvement:**

- The least met standard in this domain was 8.1.1 (type 2), as three MBUs (20%) did not initiate discharge planning at the first multi-disciplinary team review, nor were provisional discharge dates discussed.
- One MBU did not work to ensure that all patients had a named local community consultant and named nurse as soon as possible in order to ensure discharge planning begins promptly (8.1.13, type 2), whereas all MBUs were meeting this standard in C11.

### **Areas of Achievement**

#### **Feedback from women and significant others**

"I have been given the opportunity to input into my discharge/aftercare plans in discharge planning meetings."

"We were given enough information and advice before discharge."

"There were 2 meetings to prepare for discharge, it was handled pretty well. We were told what would happen, and what to do if things got worse."

### **Areas for Improvement**

#### **Feedback from women and significant others**

"I don't understand my discharge plan."

"There were difficulties getting the prescription at home"

"I would have liked to have known how long the discharge process will take."

### **Recommendations:**

- Aim to build strong working relationships and clear paths of communication with local community teams so that it can easily be followed up if a patient does not have a named local community consultant and named nurse needed to initiate discharge planning.
- Clearly explain the discharge process to patients, providing time frames where possible, and ensure that the discharge plan is easy to understand.

## ACTIVITY AND STAFFING INDICATORS

<b>Indicators</b>	<b>No. of Respondents</b>	<b>Lowest</b>	<b>Highest</b>	<b>Average</b>
Number of beds	16	5	13	7.88
Typical wait for admittance (days)	12	0	11	1.93
Average length of stay (days)	15	19	58	39.48
Average occupancy level	11	60%	109%	89.73%

<b>Staffing (WTE)</b>	<b>No. of Respondents</b>	<b>Lowest</b>	<b>Highest</b>	<b>Average</b>
Consultant Psychiatrists	16	0.5	1.4	0.77
Non-Consultant Medical Input	16	0.3	2	1.07
Clinical Psychologists	16	0.2	1.6	0.69
Occupational Therapists	16	0	2.8	0.75
Social Workers	16	0	1.4	0.28
Ward Managers	16	1	1	1
Assistant Ward Manager/Clinical Practice Lead	16	1	4	1.99
Staff Nurses	16	5	13.44	7.82
Healthcare Assistants	16	0	10.6	4.7
Nursery Nurses	16	3	11	4.99
Administration/Secretarial Staff	16	0.5	2	0.94
Health Visitor Input	12	0	2	0.4
Midwifery Input	11	0	1	0.14

## APPENDIX 1: AGGREGATED RESULTS OF REVIEWS

<b>Section 1: Access and Admission</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>1.1</b>	1	Provision and procedures ensure that inpatient care is available to those who need it	100%	100%
<b>1.1.1</b>	1	The unit admits women with serious mental illness from 32 weeks of pregnancy.	100%	100%
<b>1.1.2</b>	1	The unit admits women at risk of recurrence of serious mental illness in the early days after delivery.	100%	100%
<b>1.1.3</b>	1	The unit can admit women directly to the mother and baby unit without prior admission to an acute adult ward.	93%	86%
<b>1.1.4</b>	1	The unit can accept admissions at all times (including out of hours emergencies and those detained under the Mental Health Act).	93%	100%
<b>1.1.5</b>	1	The unit is able to manage patients without them having to be transferred to a general adult psychiatric ward due to the severity of behavioural disturbance, unless there are exceptional circumstances.	100%	100%
<b>1.1.6</b>	1	All decisions to admit to the unit are made by a senior clinical staff member.	100%	100%
<b>1.1.7</b>	2	Admissions for the purpose of mother and baby parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness.	60%	29%
<b>1.1.8a</b>	1	The local authority (or local equivalent) is informed of the admission.	87%	100%

<b>1.1.8b</b>	1	The Care Quality Commission, or local equivalent, is informed (if the patient is detained).	87%	100%
<b>1.1.8c</b>	1	There is a named CAMHS clinician who is available for consultation and advice.	80%	86%
<b>1.2</b>	1	Referrers and other related professionals have ready access to information about the unit	100%	100%
<b>1.2.1</b>	1	Referrers can speak to a senior member of the unit team to discuss potential admissions and the care of women who are at risk of being admitted.	100%	100%
<b>1.2.2</b>	1	The unit has clear, written criteria for admission.	100%	100%
<b>1.2.3</b>	2	The unit maintains a list of other mother and baby units with contact details to provide to referrers if the patient would have been accepted, but the unit is full.	100%	100%
<b>1.2.4</b>	1	Information is available (in hard copy and electronically) for referrers and other related professionals e.g. an information booklet etc.	100%	86%
<b>1.2.5</b>	1	Systems are in place to record, audit and evaluate transfers, refusals, waiting lists and the length of prior admission to an adult psychiatric ward.	93%	86%
<b>1.3</b>	1	There is equity of access to units in relation to ethnic origin, social status, disability, physical health and location of residence.	100%	100%
<b>1.3.1</b>	1	Staff work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds.	100%	86%
<b>1.3.2</b>	1	The environment complies with current legislation on disabled access.	100%	100%

<b>1.3.3</b>	2	The unit works to minimise barriers to access for patients and family members from remote areas.	100%	100%
<b>1.3.4</b>	1	The unit has access to interpreters and relatives are only used in exceptional circumstances.	93%	100%
<b>1.4</b>	1	Units are family-friendly	100%	100%
<b>1.4.1</b>	2	The unit information leaflet clearly states that the participation of partners/siblings/family members is encouraged.	87%	100%
<b>1.5</b>	1	Patients are made familiar with the unit as soon as possible after admission	100%	100%
<b>1.5.1</b>	1	Patients are introduced to a member of staff who will act as their point of contact for the first few hours of admission. Patients are shown around the ward within an hour of their admission, or as soon as they are well enough.	100%	100%
<b>1.5.2</b>	1	Staff members wear their Trust ID when working on the ward and this is easily visible.	100%	86%
<b>1.5.3</b>	1	Staff members explain the purpose of the admission to the patient as soon as is practically possible.	100%	100%
<b>1.6</b>	1	All patients are assessed for their health and social care needs	100%	100%
<b>1.6.1</b>		Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers:		
<b>1.6.1a</b>	1	Risk to themselves, the baby and others.	100%	86%
<b>1.6.1b</b>	1	Support and supervision required in caring for themselves and their baby.	100%	100%
<b>1.6.1c</b>	1	Mode of infant feeding (breast, bottle, weaning etc.).	100%	100%

<b>1.6.1d</b>	1	Care of baby which should include physical care, emotional care, developmental care and the ability to ensure safety.	100%	100%
<b>1.6.2a</b>	1	Risk of self-harm and suicide.	100%	100%
<b>1.6.2b</b>	1	Level of substance use.	100%	100%
<b>1.6.2c</b>	1	Absconding risk.	100%	100%
<b>1.6.2d</b>	1	Sexual vulnerability.	100%	100%
<b>1.6.2e</b>	1	Domestic violence.	100%	100%
<b>1.6.2f</b>	1	Patients have a full physical history and examination including blood pressure, pulse, temperature, respiration rate and urinalysis (dipstick) which are recorded in patient notes within 4 hours of admission.	100%	100%
<b>1.6.2g</b>	1	Weight and height, liver function, renal function - electrolytes, creatine and GFR, thyroid function and antibodies, Hb, ESR and film, drug and alcohol screening investigations are undertaken within one working day (no more than 72 hours of admission) and recorded in patient records.	93%	86%
<b>1.6.2.h</b>	1	Women admitted within 5 days of delivery have twice daily temperature/pulse, respiration and daily blood pressure and must be seen by a midwife within 2 days of admission and this must be recorded in patient records.	100%	86%
<b>1.6.3</b>	1	Risk assessments and management plans are updated weekly or more frequently if there is a change in the mental state of the mother or the needs of the infant, or if the mother is acutely ill.	100%	86%

<b>1.6.4</b>	1	Patients are reviewed by a perinatal consultant or senior doctor (e.g. specialist registrar or staff grade) within one working day of admission.	93%	86%
<b>1.6.5</b>	1	Case notes show evidence of assessment of social care needs and involvement with other agencies.	100%	86%
<b>1.6.6</b>	1	The unit liaises with local safeguarding children/vulnerable adult services if there are any concerns (or out of area if applicable).	100%	100%
<b>1.6.7</b>	1	Patients have an assessment of their capacity to consent to admission, care and treatment within 24 hours of admission.	100%	100%
<b>1.6.8</b>	1	Where a patient is being admitted directly from the community, the admitting nurse checks that the referring agency gives clear details on and management plans for the following (this is also discussed with the patient):  - Arrangements for other children - The security of the patient's home	100%	100%
<b>1.6.9</b>	1	There is a documented admission meeting within one week of the patient's admission.	100%	100%

<b>Section 2: Environment and Facilities</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>2.1</b>	1	The unit is well designed and has the necessary facilities and resources	93%	100%
<b>2.1.1</b>	2	Patients can access safe outdoor space which is available every day.	93%	100%

<b>2.1.2</b>	1	The unit has a communal lounge area.	100%	100%
<b>2.1.3</b>	1	The unit has a dedicated nursery which can be accessed 24 hours a day.	100%	100%
<b>2.1.4</b>	1	There is a selection of age appropriate toys.	100%	100%
<b>2.1.5</b>	1	There are laundry facilities for the exclusive use of patients on the unit.	100%	100%
<b>2.1.6</b>	1	The unit has a designated area for the separate preparation and storage of baby food.	100%	100%
<b>2.1.7</b>	1	The unit has a dedicated office for use by clinical staff.	100%	100%
<b>2.1.8</b>	2	There should be at least one additional office for individual clinical assessments and interventions.	93%	71%
<b>2.1.9</b>	1	The ward/unit has a designated dining area, which is reserved for dining during allocated mealtimes.	100%	100%
<b>2.1.10</b>	2	The unit has access to private space for meetings with partners, relatives and other professionals.	87%	86%
<b>2.1.11</b>	2	Staff members and patients can control heating, ventilation and light.	80%	71%
<b>2.1.12</b>	1	The temperature in the nursery and bedrooms is appropriate for sleeping babies.	87%	100%
<b>2.1.13</b>	2	There are sufficient IT resources (e.g. computer terminals) to provide practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	100%	100%
<b>2.1.14</b>	2	The ward/unit entrance and key clinical areas are clearly signposted.	100%	100%

<b>2.1.15</b>	3	All patients can access plug sockets to charge electronic devices such as mobile phones.	100%	86%
<b>2.1.16d</b>	2	There are facilities for patients to make their own hot and cold drinks and snacks.	100%	100%
<b>2.1.16e</b>	3	Patients are consulted about changes to the ward/unit environment.	100%	100%
<b>2.1.17</b>		The unit is equipped with medical items for examining mothers including:		
<b>2.1.17a</b>	1	Weighing scales	100%	100%
<b>2.1.17b</b>	1	Ophthalmoscope	100%	100%
<b>2.1.17c</b>	1	Thermometer	100%	100%
<b>2.1.17d</b>	1	Stethoscope	100%	100%
<b>2.1.17e</b>	1	Blood glucose monitoring kit	100%	100%
<b>2.1.17f</b>	1	Blood pressure monitoring machine	100%	100%
<b>2.1.18</b>		The unit is equipped with medical items for examining babies including:		
<b>2.1.18a</b>	1	Weighing scales	100%	100%
<b>2.1.18b</b>	1	Thermometer	100%	100%
<b>2.1.18c</b>	1	Stethoscope	93%	100%
<b>2.1.19</b>	1	Resuscitation equipment, including a crash bag and infant face mask and pump, must be available immediately in an emergency. Equipment is maintained and checked weekly and after use.	93%	71%
<b>2.1.20</b>	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	100%	71%
<b>2.1.21</b>	2	Ward/unit-based staff members have a dedicated staff room.	93%	86%
<b>2.1.22</b>	2	All staff have a locker or locked area to store personal belongings.	100%	100%

<b>2.1.23</b>	2	All patients have available a range of current culturally appropriate resources for entertainment which reflect the ward/unit's population.	100%	71%
<b>2.1.24</b>	2	The unit provides internet access for all patients.	93%	71%
<b>2.1.25</b>	1	Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom.	100%	100%
<b>2.1.26</b>	1	People use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy.	100%	86%
<b>2.2</b>	1	Mother and baby units are separate from adult units.	100%	100%
<b>2.2.1</b>	1	The unit has a separate entrance with restricted access equivalent to that on maternity/neonatal units.	100%	100%
<b>2.3</b>	1	Premises are designed and managed so that mother's rights, privacy and dignity are respected.	100%	86%
<b>2.3.1</b>	1	Each patient has their own bedroom with a wash basin.	93%	86%
<b>2.3.2</b>	1	All bedrooms are equipped so that babies can be roomed with their mothers.	100%	100%
<b>2.3.3</b>	1	The ward/unit has at least one bathroom/shower room for every three patients.	100%	100%
<b>2.3.4</b>	3	Every patient has an en-suite bathroom.	53%	43%
<b>2.3.5</b>	2	The ward/unit has a designated room for physical examination and minor medical procedures.	93%	86%

<b>2.3.6</b>	2	The ward/unit has at least one quiet room other than patient bedrooms.	93%	86%
<b>2.3.7</b>	2	There are sufficient areas to allow for visitors which should be appropriate for children with appropriate facilities such as toys and books, in addition to the mother's bedroom or communal areas.	93%	100%
<b>2.3.9</b>	2	All patients have access to lockable storage which may be within their own individual rooms, or access to a safe on the ward.	100%	100%
<b>2.3.10</b>	1	There is access to the day room at night for patients who cannot sleep.	100%	100%
<b>2.3.11</b>	1	Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books and access to a multi-faith room.	100%	71%
<b>2.3.12</b>	1	Staff members follow an agreed protocol when conducting searches of patients and their personal property.	93%	100%
<b>2.4</b>	1	The unit provides a safe environment for staff and patients	100%	86%
<b>2.4.1</b>	1	There are clear lines of sight to enable staff to observe mothers and their babies.	100%	100%
<b>2.4.2</b>	1	The team keeps medication in a secure place, in line with the organisation's medicine management policy.	100%	100%
<b>2.5</b>	1	There is equipment and procedures for dealing with emergencies in the unit	100%	86%

<b>2.5.1</b>	1	There are alarm systems in place (e.g. panic buttons/call buttons/personal alarms) and these are easily accessible and are available to patients and visitors (instructions are given for their use). Alarm systems/call buttons/personal alarms are available to patients and visitors, and instructions are given for their use.	100%	100%
<b>2.5.2</b>	1	A collective response to alarm calls and fire drills is agreed by the team before incidents occur. This is rehearsed at least annually.	80%	100%
<b>2.5.3</b>	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed.	93%	86%

<b>Section 3: Staffing</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>3.1</b>	1	The number of nursing staff on the unit is sufficient to safely meet the needs of patients and babies at all times	87%	100%
<b>3.1.1a</b>	1	A typical unit with six beds includes at least two qualified nurses per day shift.	87%	86%
<b>3.1.1b</b>	1	A typical unit with six beds includes at least two nurses at night (one of which is qualified).	93%	100%
<b>3.1.1c</b>	2	A typical unit with six beds includes at least three qualified nurses per day shift and two qualified nurses at night.	53%	29%
<b>3.1.2a</b>	1	A method for the team to report concerns about staffing levels	100%	100%
<b>3.1.2</b>		The ward/unit has a mechanism for responding to low staffing levels, including:		
<b>3.1.2b</b>	1	Access to additional staff members	100%	100%

<b>3.1.2c</b>	1	An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	100%	86%
<b>3.1.3</b>	1	In an emergency, extra nursing cover is available from nearby wards.	100%	100%
<b>3.1.4</b>	1	If used, bank and agency staff work alongside core staff members and are familiar with the unit, and unfamiliar bank and agency staff are only used in exceptional circumstances.	87%	100%
<b>3.1.5</b>	1	Staff carrying out physical examinations are either of the same sex, or there is a same-sex chaperone present.	100%	100%
<b>3.1.6</b>	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	93%	100%
<b>3.2</b>	1	There are nurses with a specialist qualification in the unit at all times	100%	100%
<b>3.2.1</b>	1	A typical unit with six beds includes at least one nurse holding the RMN qualification on duty at all times.	100%	100%
<b>3.2.2</b>	2	There is at least one specialist nursery nurse to cover day duty (including early and late shifts).	87%	57%
<b>3.2.3</b>	2	There is at least one specialist nursery nurse covering the unit 24 hours a day.	47%	29%
<b>3.2.4</b>	1	The ward manager is supernumerary for a proportion of their time to allow for managerial responsibilities.	100%	100%
<b>3.3</b>	1	The unit comprises a core multi-professional team with specialist skills and knowledge	100%	86%
<b>3.3.1</b>		There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can:		
<b>3.3.1a</b>	1	Attend the ward/unit within 30 minutes in the event of a psychiatric emergency.	100%	86%

<b>3.3.1b</b>	1	Attend the ward/unit within 1 hour during normal working hours.	100%	86%
<b>3.3.1c</b>	1	Attend the ward/unit within 4 hours when out of hours.	100%	86%
<b>3.3.2</b>	1	A typical unit with six beds includes at least 0.5 WTE consultant psychiatrist.	100%	100%
<b>3.3.3</b>	1	A typical unit with six beds includes at least 0.5 WTE junior doctor or equivalent.	100%	86%
<b>3.3.4</b>	1	A typical unit with six beds includes at least 0.5 WTE clinical psychologist and there should be clear evidence of formal representations to achieve this by Oct 2020.	80%	71%
<b>3.3.5</b>	1	A typical unit with six beds includes at least 0.5 WTE occupational therapist and there should be clear evidence of formal representations to achieve this by Oct 2020.	73%	86%
<b>3.3.6</b>	2	A typical unit with six beds includes at least 0.5 WTE social work input.	27%	%
<b>3.3.7</b>	1	All patients have a designated health visitor.	93%	86%
<b>3.3.8</b>	2	Units should have a designated health visitor who visits at least once a week to advise mothers and clinical staff on childcare issues and liaise with the mother's usual health visitor.	73%	43%
<b>3.3.9</b>	1	All patients have visits and advice from a midwife when clinically appropriate.	100%	100%
<b>3.3.10</b>	2	Core staff are not required to do duties on other units during their designated working hours that would impact on the safe running of the unit; other than reasonable contributions to duty rotas.	100%	86%

<b>3.3.11</b>	3	When the occupancy levels on the mother and baby unit are low, staff are used to provide care in the community where possible.	67%	57%
<b>3.3.12</b>	2	A typical unit with six beds includes at least 0.5 WTE administrative support.	100%	86%
<b>3.3.13</b>	2	At least two members of the team are trained and supervised to deliver psychological and/or psychosocial interventions that facilitate mother-infant care, interaction and enjoyment.	100%	100%
<b>3.3.14</b>	2	Units should have a designated pharmacist who is available to discuss medication with mothers and clinical staff.	93%	86%
<b>3.3.15</b>	1	There are written documents that specify professional, organisational and line management responsibilities.	100%	100%
<b>3.3.16</b>	2	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.	100%	71%
<b>3.4</b>	1	There is provision for training relating to perinatal mental health	100%	100%
<b>3.4.1</b>	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies.	100%	100%
<b>3.4.2</b>	1	There are arrangements to allow staff to attend mandatory education and training events.	100%	100%
<b>3.4.3a</b>	2	There are arrangements to allow staff to attend at least one day of non-mandatory training each year.	100%	100%
<b>3.4.3b</b>	1	Staff members have access to study facilities (including books and journals on site or online) and protected time to support relevant research and academic activity.	100%	86%

<b>3.4.4</b>	2	The unit has a budget for staff training and development.	100%	100%
<b>3.4.5</b>	1	All newly qualified nursing staff members are allocated a preceptor to oversee their transition onto the ward/unit.	100%	100%
<b>3.4.6</b>	2	All new staff members are allocated a mentor to oversee their transition onto the ward/unit.	100%	100%
<b>3.4.7</b>	1	Practitioners only perform in line within their professional qualification and if still in training are practising under the supervision of a senior qualified clinician.	100%	100%
<b>3.5</b>		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:		
<b>3.5.1</b>	1	Pharmacological interventions for medical and qualified nursing staff (this is completed annually).	93%	86%
<b>3.5.2</b>	1	Resuscitation (child and adult) (this is completed annually).	100%	100%
<b>3.5.3</b>	1	Risk assessment and risk management.	100%	86%
<b>3.5.4</b>	1	Culturally-sensitive practice, disability awareness, and other equality issues.	100%	86%
<b>3.5.5</b>	1	Staff who undertake assessment and care planning have received appropriate training (e.g. CPA or local equivalent)	100%	86%
<b>3.5.6</b>	1	Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines.	100%	71%
<b>3.5.7</b>	2	Relevant mental health awareness training (for all non-clinical staff working on the unit).	100%	86%

<b>3.5.8</b>	1	Common physical disorders in pregnancy and the early postnatal period (for all clinical staff facilitated by an appropriate specialist).	80%	86%
<b>3.5.9</b>	1	Common physical disorders in infancy (for all clinical staff facilitated by an appropriate specialist).	80%	86%
<b>3.5.10</b>	1	Basic infant development including the main development milestones (for all clinical staff).	87%	86%
<b>3.5.11</b>	1	Staff who undertake assessment and care planning have received training in risk management and risk assessment for both mother and baby.	87%	86%
<b>3.5.12</b>	1	Clinical staff have training in understanding and facilitating mother-baby interaction.	93%	86%
<b>3.5.13</b>	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	100%	86%
<b>3.5.14</b>	2	Staff members can access leadership and management training appropriate to their role and specialty.	100%	100%
<b>3.5.15</b>	1	All staff members who administer medications have been assessed as competent to do so. Assessment is repeated on a yearly basis using a competency-based tool.	100%	71%
<b>3.5.16</b>	2	Significant other/family member awareness, family inclusive practice and social systems, including significant other/family member's rights in relation to confidentiality.	100%	86%
<b>3.5.17</b>	2	Patients, significant other/family members and staff members are involved in devising and delivering training face-to-face.	87%	43%

<b>3.5.18</b>	3	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months.	80%	86%
<b>3.6</b>	1	All staff receive regular supervision and can access appropriate support	93%	100%
<b>3.6.1</b>	1	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body.	73%	86%
<b>3.6.2</b>	1	All staff members receive monthly line management supervision.	87%	86%
<b>3.6.3</b>	1	Staff members in training and newly qualified staff members are offered weekly supervision.	100%	86%
<b>3.6.4</b>	1	All staff members receive an annual appraisal and personal development planning (or equivalent).	100%	100%
<b>3.6.5</b>	1	All staff are able to contact a senior colleague as necessary 24 hours a day.	100%	100%
<b>3.6.6</b>	1	Staff members, patients and carers who are affected by a serious incident are offered a debrief and post incident support.	100%	100%
<b>3.6.7</b>	2	The team has protected time for team-building and discussing service development at least once a year.	100%	71%
<b>3.6.8</b>	2	All supervisors have received specific training to provide supervision. This training is refreshed in line with local guidance.	93%	86%
<b>3.6.9</b>	1	The ward/unit actively supports staff health and well-being.	93%	86%
<b>3.6.10</b>	2	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	93%	100%

<b>3.6.11</b>	2	Staff members have access to reflective practice groups.	87%	86%
<b>3.6.12</b>	2	Staff members work well together as an MDT, acknowledging and appreciating each other's efforts and contributions.	93%	86%
<b>3.7</b>	1	There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates	100%	86%
<b>3.7.1</b>	3	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover.	87%	100%
<b>3.7.2</b>	3	Patient or significant other/family member representatives are involved in interviewing potential staff members during the recruitment process.	80%	57%

<b>Section 4: Care and Treatment</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>4.1</b>	1	All mothers receive appropriate maternity care and support	100%	100%
<b>4.1.1</b>	1	Mothers admitted within 10 days postpartum are seen by a midwife as required in line with standard care needs.	100%	100%
<b>4.2</b>	1	The unit team has good access to a range of services, as appropriate to the needs of the patients. These include the following:	100%	100%
<b>4.2.1a</b>	1	Accident and emergency	100%	100%
<b>4.2.1b</b>	1	Social services	100%	100%
<b>4.2.1c</b>	1	Local and specialist mental health services e.g. liaison, eating disorders, rehabilitation	93%	100%

<b>4.2.1d</b>	1	Secondary physical healthcare	100%	100%
<b>4.2.1e</b>	1	Neonatal and general paediatric services	100%	100%
<b>4.2.1f</b>	1	Obstetrics and gynaecology services	100%	100%
<b>4.2.1g</b>	1	Community GP	100%	100%
<b>4.2.1h</b>	1	Domestic and sexual violence agencies	100%	100%
<b>4.2.5</b>	Patients are offered personalised healthy lifestyle interventions such as:			
<b>4.2.5a</b>	1	Smoking cessation advice	100%	100%
<b>4.2.5b</b>	1	Healthy eating advice	100%	100%
<b>4.2.5c</b>	1	Physical exercise advice and opportunities to exercise	100%	100%
<b>4.2.6</b>	1	Patients who are prescribed mood-stabilising medication must be treated in accordance with NICE guidelines on antenatal and postnatal mental health with particular regard to the need for informed consent, suitability of use in breastfeeding and the possible adverse effects on pregnancy. Sodium valproate should not be used in women of reproductive potential and in pregnancy.	100%	100%
<b>4.2.7</b>	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency.	100%	100%
<b>4.3</b>	1	All patients have a written care plan as part of the Care Programme Approach (or equivalent)	100%	100%
<b>4.3.1</b>	1	Every patient has a written care plan, reflecting their individual needs.	93%	100%
<b>4.3.2</b>	1	The practitioner develops the care plan collaboratively with the patient and their significant other/family member (with patient consent). They are also offered a copy of the care plan and the opportunity to review this.	93%	100%

<b>4.3.3</b>	1	The team reviews and updates care plans according to clinical need or at a minimum weekly.	100%	100%
<b>4.3.4</b>	1	Patients are supported by staff members, before (to prepare), during (to understand) and after (to feedback outcomes) any formal review of their care.	100%	86%
<b>4.3.5</b>	1	A full multi-disciplinary ward round/review occurs at least one a week which the patient has the opportunity to attend.	100%	100%
<b>4.3.6</b>	1	Patients and significant other/family members contribute and express their views during reviews.	100%	100%
<b>4.4</b>	1	All units have access to a range of therapeutic interventions focusing on mother, baby and family	100%	100%
<b>4.4.1</b>	1	Patients are offered pharmacological and psychological interventions in accordance with the evidence base and good practice.	100%	100%
<b>4.4.2</b>	1	Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.	100%	100%
<b>4.4.3</b>	2	Patients are offered art/creative therapies.	87%	86%
<b>4.4.4</b>	1	Patients are offered occupational therapy.	93%	100%
<b>4.4.5</b>	1	Mothers are offered the opportunity to engage in mother and baby interventions.	100%	100%
<b>4.4.6</b>	3	Patients have access to complementary therapies, in accordance with local policy and procedures (and the safety of the baby).	93%	86%
<b>4.4.7</b>	1	Patients are offered the opportunity to engage in family and couple's interventions (where appropriate).	100%	100%

<b>4.5</b>	1	There is a programme of care and treatment	100%	100%
<b>4.5.1</b>	1	Activities are planned in consultation with patients and provided 7 days a week and out of hours.	93%	100%
<b>4.5.2</b>	2	There is a weekly minuted community meeting that is attended by patients and staff members.	93%	100%
<b>4.5.3</b>	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of perinatal mental health issues.	93%	71%
<b>4.5.4</b>	3	The team provides information and encouragement to patients to access local organisations for support and social engagement. This is documented in the patient's care plan.	100%	71%
<b>4.6</b>	1	Patients can meet easily with members of staff, and their key workers	93%	100%
<b>4.6.1</b>	1	Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward review.	100%	86%
<b>4.6.2</b>	1	Each patient receives a pre-arranged session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns.	100%	100%
<b>4.7</b>	1	During admission, good communication is maintained with the patient's family and local services	100%	100%
<b>4.7.1</b>	1	The patient's chosen contacts are identified and contact details recorded.	100%	100%
<b>4.7.2</b>	1	Carers are advised on how to access a statutory carer's assessment, provided by an appropriate agency.	100%	100%

<b>4.7.3</b>	1	Partners and designated family members are involved in decisions about the care of the baby (with the patient's consent).	87%	100%
<b>4.7.4</b>	2	Partners are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs.	87%	71%
<b>4.7.5</b>	2	Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network.	73%	86%
<b>4.7.6</b>	1	All partners and significant others are seen within 1 week of admission by a senior clinician to discuss the mother's condition (with the patient's consent).	93%	100%
<b>4.7.7</b>	1	Partners and significant others are offered the opportunity to attend ward reviews and significant meetings (with the patient's consent).	87%	100%
<b>4.7.8</b>	2	Partners and significant others are offered at least one of the following which is documented in a care plan: partner support sessions, family sessions, couple sessions.	87%	86%
<b>4.7.9</b>	2	Partners and significant others are offered at least one of the following: parent-infant activities, practical parenting advice/support with the nursery nurse/health visitor etc.	93%	100%
<b>4.7.10</b>	2	Partners and significant others are offered access to at least one of the following: written/video narratives of experience and recovery of perinatal patients, meeting patient representatives (e.g. service/family days, charities).	73%	100%

<b>4.8</b>	1	Drugs are administered according to the relevant guidelines	100%	100%
<b>4.8.1</b>	1	Drug charts clearly state whether the patient is breastfeeding or not.	87%	86%
<b>4.8.2</b>	1	Staff give information to patients about the use of medication in pregnancy and breastfeeding and risks are discussed.	100%	86%
<b>4.8.3</b>	1	When medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded.	100%	100%
<b>4.8.4</b>	1	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime.	100%	100%
<b>4.8.4i</b>	1	Patients (and their partners, with patient consent and where possible) are helped to understand the purpose, expected outcomes, interactions, limitations and side effects of their medications and to enable them to make informed choices and to self-manage as far as possible.	100%	100%
<b>4.8.5</b>	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.	93%	100%
<b>4.8.6</b>	2	Clinical outcome monitoring includes reviewing patient progress against patient-defined goals in collaboration with the patient.	93%	100%
<b>4.8.7</b>	2	Outcome data is used as part of service management and development, staff supervision and caseload feedback.	87%	86%

<b>4.9</b>	1	All babies receive appropriate care and support	100%	100%
<b>4.9.1</b>	1	Health visitors are informed of all new babies arriving on the unit within 48 hours of admission.	100%	86%
<b>4.9.2</b>	1	There is a care plan for the baby which is developed with the mother wherever possible.	93%	86%
<b>4.9.3</b>	1	Care planning for the baby takes into consideration national guidelines on infant care.	100%	100%
<b>4.9.4</b>	1	Babies are roomed with their mothers whenever possible. If this is not possible, the baby is moved into the nursery for the minimum period required and the reasons for this are documented.	100%	86%
<b>4.9.5</b>	1	If the separation of the mother and baby is prolonged, partners/family members are given the opportunity to provide interim care for the baby, where appropriate.	100%	100%
<b>4.9.6</b>	1	If the risk is too great for the mother to remain primary caregiver to the baby on the MBU, consideration would be given to significant others to provide interim care for the baby.	100%	86%
<b>4.9.7</b>	1	When mothers are unable to consent, breastfed babies are only given formula milk if clinically necessary. Where appropriate, the baby's father is consulted in making this decision.	100%	100%
<b>4.9.8</b>	1	Appropriate food is provided for weaning babies when patients are unable to provide it themselves.	100%	100%
<b>4.9.9</b>	2	All babies are weighed and body mapped on admission to the unit.	93%	100%

<b>4.9.10</b>	The team and patient jointly develop a leave plan, which is shared with the patient, that includes:				
<b>4.9.10a</b>	1	A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave	100%	100%	
<b>4.9.10b</b>	1	Conditions of the leave	100%	100%	
<b>4.9.10c</b>	1	Contact details of the ward/unit	100%	100%	
<b>4.9.10d</b>	1	Driving/DVLA guidance	100%	100%	
<b>4.9.11</b>	1	Staff members follow a lone working policy and feel safe when escorting patients on leave.	87%	86%	
<b>4.9.12</b>	1	Patients are sent on leave only after consultation with significant other/family members.	100%	100%	
<b>4.9.12</b>	1	The health visitor and GP are informed of all periods of overnight leave.	73%	71%	
<b>4.9.13</b>	1	The team follows a protocol for managing situations where patients are absent without leave.	100%	100%	

<b>Section 5: Information, Confidentiality and Consent</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>5.1</b>	1	Patients and families have good access to information	100%	100%
<b>5.1.1</b>	2	A full range of leaflets and posters relevant to the services offered are on clear display and are readily available to patients.	100%	100%
<b>5.1.2</b>	1	Information, which is accessible and easy to understand, is provided to patients and partners.	93%	86%
<b>5.1.3</b>	The patient is given an information pack on admission that contains the following:			

<b>5.1.3a</b>	1	A clear description of the aims of the ward/unit	100%	100%
<b>5.1.3b</b>	1	The current programme and modes of treatment	100%	100%
<b>5.1.3c</b>	1	The ward/unit team membership	93%	86%
<b>5.1.3d</b>	1	Personal safety on the ward/unit	100%	100%
<b>5.1.3e</b>	1	The code of conduct on the ward/unit	93%	71%
<b>5.1.3f</b>	1	Ward/unit facilities and the layout of the ward/unit	100%	86%
<b>5.1.3g</b>	1	What practical items can and cannot be brought in	100%	86%
<b>5.1.3h</b>	1	Clear guidance on the smoking policy in smoke-free hospitals and how to access smoking breaks off the hospital grounds	100%	86%
<b>5.1.3i</b>	1	Resources to meet spiritual, cultural and gender needs	93%	71%
<b>5.1.4</b>	2	Staff members explain the main points of the welcome pack to the patient and ask if they need further information on anything explained. This discussion is documented in patient notes.	93%	86%
<b>5.1.5</b>	2	The team provides significant others and family members with appropriate information.	93%	86%
<b>5.1.6</b>	1	Patients are told about the level of observation that they are under, how it is instigated, the review process and how their own patient perspectives are taken into account.	100%	100%
<b>5.1.7</b>	1	Patients and significant other/family members are offered written and verbal information about the patient's mental illness.	87%	100%
<b>5.2</b>	1	Patients and families can find out about the unit before admission	100%	100%

<b>5.2.1</b>	2	Patients can visit the unit before agreeing to admission (with the exception of emergency admissions).	87%	100%
<b>5.3</b>	1	Personal information about patients is kept confidential, unless this is detrimental to their care	100%	100%
<b>5.3.1</b>	1	Confidentiality and its limits are explained to the patient and significant other/family member on admission, both verbally and in writing.	100%	71%
<b>5.3.2</b>	1	The patient's consent to the sharing of clinical information outside the clinical team is recorded. If this is not obtained the reasons for this are recorded.	100%	100%
<b>5.3.3</b>	1	All patient information is kept in accordance with current legislation.	100%	100%
<b>5.3.4</b>	1	Assessments of patient's capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation and documented in the patient's notes. When patients don't have capacity to consent to interventions, best interest processes involving professionals and family (where appropriate) are followed (or local equivalent).	100%	100%
<b>5.3.5</b>	1	The team follows a protocol for responding to significant other/family members when the patient does not consent to their involvement.	100%	86%
<b>5.3.6</b>	1	There are systems in place to ensure that the ward/unit takes account of any advance directives that the patient has made.	100%	86%

<b>Section 6: Rights and Safeguarding</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>6.1</b>	1	All examination and treatment is conducted with the appropriate consent	100%	100%
<b>6.1.1</b>	1	There is documentation to demonstrate that the risks and benefits of specific treatments have been discussed with the patient.	93%	100%
<b>6.1.2</b>	1	Audio and/or video recording facilities and one-way screens are only used with the written consent of patients.	73%	57%
<b>6.2</b>	1	The unit is patient-centred and patients have their rights respected	100%	100%
<b>6.2.1</b>	1	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs and are appropriate for women in late pregnancy or breastfeeding.	100%	100%
<b>6.2.2</b>	2	Staff members ask patients for feedback about the food and this is acted upon.	100%	100%
<b>6.2.3</b>		On admission, patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:		
<b>6.2.3a</b>	1	Their rights regarding consent to care and treatment	93%	86%
<b>6.2.3b</b>	1	How to access advocacy services	100%	71%
<b>6.2.3c</b>	1	How to access a second opinion	93%	86%
<b>6.2.3d</b>	1	How to access interpreting services	100%	86%
<b>6.2.3e</b>	1	How to raise concerns, complaints and compliments	100%	100%
<b>6.2.3f</b>	1	How to access their own health records	100%	86%

<b>6.2.4</b>	1	Detained patients are given verbal and written information on their rights under the Mental Health Act (or equivalent) and this is documented in their notes. This should include their rights to access a mental health tribunal and/or managers hearing.	100%	100%
<b>6.2.5</b>	1	Patients can make and receive telephone calls in private, where clinically appropriate.	100%	100%
<b>6.2.6</b>	1	Patients feel that they are treated with compassion, dignity and respect.	100%	100%
<b>6.2.7</b>	1	Patients feel listened to and understood in consultations with staff members.	100%	100%
<b>6.2.8</b>	1	Staff members are knowledgeable about, and sensitive to, the mental health needs of patients from minority or hard-to-reach groups. This may include:  - Members of the BME community - Asylum seekers or refugees - Members of the LGBT community - Travellers.	100%	100%
<b>6.2.9</b>	3	The ward has a designated equalities champion.	53%	57%
<b>6.3</b>	1	Patients can complain or ask questions if they are unhappy with their care and treatment	100%	100%
<b>6.3.1</b>	2	All patients have access to an advocacy service.	100%	86%
<b>6.3.2</b>	1	The patient and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment.	100%	86%
<b>6.4</b>	1	The unit operates within the appropriate legal framework in relation to the use of physical restraint	100%	100%

<b>6.4.1</b>	1	After any episode of control, seclusion, restraint, or compulsory treatment including rapid tranquillisation, the team spends time with the patient reflecting on why this was necessary. The patient's views are sought and they are offered the opportunity to document this in their care record along with any disagreement with healthcare professionals.	100%	100%
<b>6.4.2</b>	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team makes sure that other patients on the ward/unit who are distressed by these events are offered support and time to discuss their experiences.	100%	100%
<b>6.4.3</b>	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	100%	100%
<b>6.4.4</b>	1	Staff members share information about any serious untoward incidents involving a patient with the patient themselves and their significant other/family, in line with the Duty of Candour agreement.	100%	100%
<b>6.4.5</b>	1	The team effectively manages patient violence and aggression.	100%	100%
<b>3</b>	1	Staff are aware of the legal status of those admitted	100%	100%
<b>6.5.1</b>	1	The Mental Health Act status of patients (including those who are not detained) is known to all staff and visible on notes.	100%	100%
<b>6.6</b>	1	The unit complies with local LSCB procedures and with guidance contained in "What to do if you're worried a child is being abused" (2003) or local equivalent	100%	100%

<b>6.6.1</b>	1	The child protection status and responsible social worker is recorded in notes with contact details.	93%	100%
<b>6.6.2</b>	1	The unit has policies and procedures on how to deal with allegations of abuse and child protection concerns during and out of working hours. This should include allegations involving babies, patients, visitors or staff.	100%	86%
<b>6.6.3</b>	1	The health record includes a note of who has parental rights and responsibility.	93%	100%
<b>6.6.4</b>	3	There is a policy for defining the status of the baby and the implications of this are defined.	100%	57%
<b>6.6.5</b>	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	100%	100%

<b>Section 7: Audit and Policy</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>7.1.1</b>	2	Patients and their partners/significant others are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service.	87%	100%
<b>7.1.2</b>	2	Feedback from referrers.	87%	71%
<b>7.1.3</b>	2	Feedback from unit staff.	100%	100%
<b>7.1.4</b>	2	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.	100%	100%
<b>7.1.5</b>	2	Analysis of complaints.	100%	100%
<b>7.1.6</b>	2	The findings of audits.	100%	86%

<b>7.1.7</b>	2	Key performance data (e.g. bed occupancy and outcome measurement data).	93%	86%
<b>7.1.8</b>	2	Action plans are developed based on the service evaluation and resulting quality improvement is monitored.	100%	86%
<b>7.2</b>	1	Unit staff are involved in clinical audit	100%	100%
<b>7.2.1</b>	3	There are dedicated resources to support clinical audit within the directorate or specialist areas e.g. staff time, dedicated budget and training in clinical audit for appropriate staff.	87%	86%
<b>7.2.2</b>	3	The team, patients and carers are involved in identifying priority audit topics in line with national and local priorities and patient feedback.	73%	57%
<b>7.2.3</b>	1	The safe use of high risk medication is audited, at least annually and at a service level.	80%	86%
<b>7.2.4a</b>	1	Agree and implement action plans in response to audit reports	93%	100%
<b>7.2.4b</b>	1	Disseminate information (audit findings, action plan)	87%	100%
<b>7.2.4c</b>	1	Complete the audit cycle	87%	100%
<b>7.2.5</b>	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	93%	100%
<b>7.3</b>	1	The unit has a comprehensive range of policies and procedures which consider the special needs of women, babies and families	100%	86%
<b>7.3.1</b>	2	Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice.	93%	86%
<b>7.3.3</b>	1	There are written admission and discharge procedures.	87%	100%

<b>7.3.4</b>	1	There are policies and procedures regarding patient's self-harm.	93%	100%
<b>7.3.5</b>	1	There are policies relating to the safety of the environment and baby safety e.g. detailed fire procedures.	100%	100%
<b>7.3.6</b>	1	There is a locked door and deprivation-of-liberty policy.	93%	100%
<b>7.3.4</b>		There is a visiting policy which includes procedures to follow for specific groups including:		
<b>7.3.7a</b>	1	Children	93%	100%
<b>7.3.7b</b>	1	Unwanted visitors (i.e. those who pose a threat to patients, or to staff members)	100%	100%
<b>7.3.8</b>	1	There are policies, procedures and guidance for infection control practice including childhood ailments.	93%	100%
<b>7.3.9</b>	1	There is a policy on the use of drugs and alcohol, and on the management of those who may be abusing drugs and alcohol.	93%	100%
<b>7.3.10</b>	1	There is a restraint policy which includes procedures for the review of each incident of restraint.	93%	100%
<b>7.3.11</b>	1	The team follows a policy when prescribing PRN (i.e. as required) medication.	93%	100%
<b>7.3.12</b>	1	The ward/unit has a policy for the care of patients with dual diagnosis.	93%	100%
<b>7.3.13</b>	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	87%	100%

<b>7.3.14</b>	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	100%	86%
<b>7.3.15</b>	3	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.	73%	86%
<b>7.3.16</b>	2	Patient representatives attend and contribute to local and service level meetings and committees.	93%	86%
<b>7.3.17</b>	3	Commissioners and service managers meet at least 6 monthly.	100%	86%
<b>7.3.18</b>	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	100%	100%

<b>Section 8: Discharge</b>			<b>% Met in Cycle 12</b>	<b>% Met in Cycle 11</b>
<b>8.1</b>	1	Before discharge, decisions are made about meeting any continuing needs	100%	100%
<b>8.1.1</b>	2	Discharge planning is initiated at the first multi-disciplinary team review and a provisional discharge date is discussed.	80%	100%
<b>8.1.2</b>	1	Pre-discharge planning involves all services involved in patient care.	100%	100%
<b>8.1.3</b>	1	Patients and their carer (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans.	93%	100%

<b>8.1.4</b>	Patients discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.				
<b>8.1.4a</b>	1	Care in the community/aftercare arrangements		100%	100%
<b>8.1.4b</b>	1	Crisis and contingency arrangements including details of who to contact		100%	100%
<b>8.1.4c</b>	1	Medication		100%	100%
<b>8.1.4d</b>	1	Details of when, where and who will follow up with the patient		100%	100%
<b>8.1.5</b>	1	The inpatient team invites a community team representative to attend and contribute to ward rounds and discharge planning.		100%	100%
<b>8.1.6</b>	1	Community professionals are informed of all periods of leave.		93%	100%
<b>8.1.7</b>	When staff members are concerned about an informal patient self-discharging against medical advice, the team ensures the following are completed:				
<b>8.1.7a</b>	1	Recording the patient's capacity to understand the risks of self-discharge		100%	100%
<b>8.1.7b</b>	1	Putting a crisis plan in place		100%	100%
<b>8.1.7c</b>	1	Contacting relevant agencies to notify them of the discharge		100%	100%
<b>8.1.8</b>	1	Patients and their families have 24-hour access to telephone advice from the mother and baby unit for at least four weeks after discharge from inpatient care.		100%	100%

<b>8.1.9</b>	1	The team makes sure that patients who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or within 48 hours of discharge if they are at risk.	100%	100%
<b>8.1.10</b>	1	When patients are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment.	100%	100%
<b>8.1.12</b>		Prior to discharge from the unit, patients are given advice and information on:		
<b>8.1.12a</b>	1	Contraception.	100%	100%
<b>8.1.12c</b>	1	Medication, its side effects and its impact on driving.	100%	100%
<b>8.1.13</b>	2	The unit works to ensure that all patients have a named local community consultant and named nurse as soon as possible to ensure discharge planning begins.	93%	100%

## **APPENDIX 2: UNITS PARTICIPATING IN CYCLE 12 INPATIENT REVIEWS**

**Beadnell Mother and Baby Unit, Northumberland**

**Brockington Mother and Baby Unit, Stafford**

**Channi Kumar Mother and Baby Unit, London**

**City and Hackney Mother and Baby Unit, London**

**Margaret Oates Mother and Baby Unit, Nottingham**

**Melbury Lodge, Winchester**

**New Horizons Mother and Baby Unit, Bristol**

**Ribblemere Mother and Baby Unit, Lancashire**

**The Beeches Mother and Baby Unit, Derbyshire**

**West of Scotland Mother and Baby Unit, Glasgow**

**Chamomile Suite Mother and Baby Unit, Birmingham**

**Coombe Wood Mother and Baby Unit, London**

**Florence House Mother and Baby Unit, Dorset**

**Livingston Mental Health Mother and Baby Unit, Edinburgh**

**Thumbswood Mother and Baby Unit, Hertfordshire**